

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-017018**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 273 Primary Registration District No. 3051 Registrar's No. 50

**FILED APR 29 1963**

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Perry Co.</b>	a. STATE <b>Mo.</b>	b. COUNTY <b>Perry</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Perryville</b>	Length of stay in 1b <b>Life</b>	c. CITY OR TOWN <b>Perryville</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Perry Co. Mem. Hosp.</b>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1221 W. North</b>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED		4. DATE OF DEATH	
First <b>John</b>	Middle <b>P.</b>	Last <b>Dippold</b>	Month <b>4</b> Day <b>20</b> Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-25-1882</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>80</b>
11a. FATHER'S NAME <b>John F. Dippold</b>		11b. BIRTHPLACE (City and state or country) <b>Perry Co. Mo.</b>	
12a. MOTHER'S MAIDEN NAME <b>Mary Poehner</b>		12b. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie Smith</b>	
15. SOCIAL SECURITY NO. <b>[REDACTED]</b>		16. INFORMANT <b>Mrs. Charles DePauw, St. Marys</b>	
17. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Kidney Hemorrhage</b> DUE TO (b) <b>Basema 9 Stomach (Pyrosis)</b> DUE TO (c) _____ Conditions; if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m.	Month, Day, Year.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <b>4-16-63</b> to <b>4-20-63</b> and last saw him alive on <b>4-20-63</b> Death occurred at <b>5:25 P.M.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>John W. Dippold, D.O.</b>		22b. ADDRESS <b>Perryville Mo.</b>	22c. DATE SIGNED <b>4-22-63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4-23-1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Lutheran</b>	23d. LOCATION (City, town, or county) <b>Perryville Mo</b>
24. FUNERAL DIRECTOR <b>Young &amp; Sons Perryville Mo</b>		25. DATE RECD. BY LOCAL REG. <b>4-22-63</b>	26. REGISTRAR'S SIGNATURE <b>Joe J. Joellner</b>

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300  
Rev. 4/59  
1 **0795**  
2 **0795**  
3  
4 **6**  
5 **2**  
6  
7 **0**  
8 **1**  
9 **151X**  
10  
11  
12 **1-2**  
13 **1-0**

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed

*Edward E. Perry*

Licensed Embalmer No.

2138

P. O. Address

Perryville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.